Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

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CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL E	NTITY	.OF	OTHER SMALL	
TOTAL CLAIMS			1 /8'			Γ	RATE	FEE	7	RATE	FEE
FOR the same of th			- NUMBER	FILED	NUMBER EXTRA	E	BASIC FEE	385.00	OR	BASIC FEE	·770.00
ŢĊ	OTAL CHARGE	ABLE CLAIMS	1 8' mir			XS 9=		OR.	XS18=		
INI	DEPENDENT C	LAIMS	m		•	X43=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT			F	-145=		1	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	2/2	OR OR	TOTAL	
CLAIMS AS AMENDED - PART II							TOTAL	502] (1)	OTHER	THAN
(Column 1) (Column 2) (Colum							SMALL	ENTITY	OR	SMALL	
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	.=		XS 9=	· 	OR	XS18=	
AME	Independent	*	Minus	***	= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT C	LAIM		+145=		OR	+290=	~
_							TOTAL			TOTAL	
-		(Column 1)		(Column	2) (Column 3)	ΑĽ	DDIT. FEE		On	ADDIT. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS	T PRESENT SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL - FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=		X43= .		OR-	X86=	
FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	and a second second
TOTAL									OR OR	TOTAL	
							ADDIT. FEE ADDIT. FEE				
	_	(Column 1)		(Column HIGHES					-		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBEF PREVIOUS PAID FOR	R PRESENT SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=-		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	. =		X43=		OR	· X86=	
Ĺ	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT CL	AIM 🗌				∪ ⊓		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **											
***	If the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is les	s than 20, enter "20."	AD			OR ,	TOTAL ADDIT. FEE	